

Exhibit A-4

V2079	PRIMARY COUNSEL ACKNOWLEDGMENT OF OBLIGATIONS REGARDING PAYMENT DISTRIBUTION			
A. VIOXX USER CLAIMANT INFORMATION				
Claimant Name	Last		First	Middle
SSN			VCN	
Address	Street/P.O. Box			
	City		State	Zip
Telephone Number			Email	
B. ACKNOWLEDGMENT AND AGREEMENT BY PRIMARY COUNSEL				
<p>By my signature below, I represent, warrant, and agree on behalf of the Primary Counsel firm identified below, that:</p> <p>(a) Primary Counsel will comply with all laws and ethical rules and obligations under applicable law as to any payment received in the Vioxx Settlement Program relating to the Claimant identified in this Form, including without limitation those regarding the handling and disposition of client funds.</p> <p>(b) The account or fund into which the proceeds of a Check will be placed or payments will be received in wires is an appropriate escrow, trust or other such account required by applicable law and ethical rules for the receipt of client funds and/or the payment on the settlement of a claim.</p> <p>(c) Primary Counsel will comply with any provisions of the law applicable to the claim regarding the compromise and distribution of the proceeds of the settlement of a survival and/or wrongful death claim to the appropriate heirs or other beneficiaries and any other parties with any right to receive any portion of any payments.</p> <p>(d) Primary Counsel shall indemnify and hold harmless the Escrow Agent, the Claims Administrator, Merck, the Negotiating Plaintiffs' Committee and the Lien Administrator, and the agents and representatives of the foregoing, from any and all claims, demands, or expenses of any kind arising from any breach of the representations, warranties or agreement set forth in this Form.</p>				
C. SIGNATURE BY PRIMARY COUNSEL				
Signature			Date	____/____/____ (month) (day) (year)
Printed Name	First	MI	Last	
Primary Counsel Firm Name				